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**Offence and Health Declaration Form**

Name of applicant: Date:

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| **Current offence** |
| Nature of offence: |
| Date of Incarceration (if any): | Date of Release: | First Time:  | Yes / No |
| **Have you been convicted for an offence before?** | Yes / No |
| Nature of offence: | Date of incident: |
| Date of incarceration (if applicable): | Was this your first offence? Yes / No |
| If there is other previous offence(s), please write date and duration: |
| **History of drug taking?** | Yes / No |
| **If yes, type of Drug:**   Heroin  Meth  Marijuana  Ecstasy  Inhalant  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Frequency of drug use: | When did you first take drug?  |
| Date of last consumption: | Currently on urine supervision: Yes / No  |
| **History of drinking?**  | Yes / No |

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| **If yes, type of alcohol:**   Beer  Vodka  Whiskey  Stout  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Frequency** Daily / More than twice a week / Once a week / Social drinker | When did you started drinking? |
| **Do you smoke?**  | Yes / No |
| Frequency  | When did you started smoking? |
| **Have you been involved with secret society before?** | Yes / No |
| Name of gang: | Are you still with them? Yes / No |
| **History of self-harm** |
| Have you attempted suicide before?If Yes, when was your last attempt? | Yes / No |
| Have you attempted to self-harm yourself?If Yes, when was your last attempt? | Yes / No |
| **History of Psychopathology** |
| Do you always feel sad / depressed | Yes / No |
| Do you always feel angry and is unable to control your anger | Yes / No |
| Do you always feel anxious If yes, please specify: | Yes / No |
| Do you have panic attack  | Yes / No |
| Do you feel anxious in a crowd | Yes / No |
| Do you hear voices in your head telling you to do something? | Yes / No |
| Do you have repetitive behaviours (e.g. frequent checking, hand washing) | Yes / No |
| Do you sometime feel loss sense of time / places | Yes / No |
| Do you have epilepsy / fits? | Yes / No |
| Have you been diagnosed with by psychiatrist? If yes, please specify: Anxiety  Bi-polar  Borderline  Depression  Delusional  Mood  Psychotic Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes / No |
| Are you currently seeing Psychiatrist / Psychologist / Counsellor?If yes, please elaborate:  | Yes / No |
| **History of special need** |
| ADHD | Yes / No |
| Autism | Yes / No |
| Dyslexia (difficulty in learning to read or interpret words, letters, and other symbols) | Yes / No |
| Other condition, please specify | Yes / No |
| **Medical condition**  |
| Asthma  | Yes / No |
| High Blood Pressure | Yes / No |
| Heart Problem. If yes, please specify: | Yes / No |
| Cancer. If yes, please specify: | Yes / No |
| Fractures. If yes, please specify: | Yes / No |
| Muscle / Joint Problem | Yes / No |
| Eye Problem | Yes / No |
| Headlice / Dandruff | Yes / No |
| Other medical condition, please specify: | Yes / No |
| Are you currently on medical treatment?If yes, for what reason?  | Yes / No |
| **Have you been hospitalised in the past 2 years?** | Yes / No |
| If yes, when and for what reason?  |

I hereby declare that the information provided is true and accurate to my knowledge, and I have not deliberately omitted any relevant fact(s). I understand that any wilful dishonesty could jeopardise my admission into GEM WINners’ Home or render termination of my programme (if accepted). I also understand I am to update and correct the above information whenever applicable.

I give my consent to GEM NSC to obtain written and/ or verbal information about me from my caseworker / officer / doctor / psychiatrist / psychologist / counsellor for the purpose assessing my application with GEM NSC.

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| Applicant name and signature |  | Date |  |
| Guardian name and signature(For applicant below 21) |  | Relationship to applicant |  | Date |  |
| Officer name and signature |  | Designation / Agency |  | Date |  |